

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	423 Jaxae	4/5/94
TYPIST	332	4/6
VERIFIER	258	4/6
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Final	Original	Date
1			8/2/94
2			9/17/94
3			4/22/94
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#### SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

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